2010 Multiple-beneficiary Permittee **Application Instruction Check-list**



Failure to complete any portion of the MBP application or to submit mandatory attachments will delay the issuance of your MBP permit. Use this checklist to make sure all information has been completed and attached.

Page 1: Multiple-beneficiary Permittee

☐ Additional signatures are now required by your alternate member in charge and your manager of games to comply with the provisions of 15 AAC 160.934, criminal history checks. Signatures lines are provided for all required signatures at the bottom of page one of the 2010 application and amended application forms. The 2010 application forms must contain all required signature before 2010

Application MBP INFORMATION ☐ The \$100 application fee may be paid online ☐ Enter the MBP's Federal Employer Identification at www.tax.alaska.gov or you can submit a Number (EIN), MBP permit number if applicable, check payable to the State of Alaska with your phone number, and fax number.

Page 2: Multiple-beneficiary Permittee Application.

☐ Enter the MBP name and MBP permit number.

MEMBERS IN CHARGE OF GAMES

☐ Enter the MBP name and email address.

☐ Enter the MBP mailing address, city, and Zip

☐ Complete all requested information for the primary member in charge. Then complete all requested information for the alternate member in charge. Social security numbers are required for each member in charge. If appointing more than one alternate member in charge, attach additional sheets as necessary.

SUPERVISORY EMPLOYEES

permits can be issued.

application.

☐ Enter each supervisor's first name, middle initial, last name and social security number. Attach additional sheets as necessary.

MBP Member Applicants

Code + 4.

- ☐ All member applicants must have a 2010 permit before the MBP permits will be issued.
- ☐ Enter each member applicant's permit number (if applicable), name and telephone number.

ACTIVITIES CONDUCTED by MBP

- ☐ Is any facility rented or leased from an MBP member? Check the yes or no box. If you answered yes, refer to 15 AAC 160.954(c) (3).
- ☐ Complete all requested information for each facility listed under this section. Attach additional sheets as necessary.

LEGAL QUESTIONS

☐ Answer the questions by checking the appropriate box. If you check "yes" to either question, you must submit, as an attachment, the person's name, date of birth, social security number and position of responsibility.

VENDOR INFORMATION

- ☐ Enter the name of each bar or liquor store, its physical address, city and Zip Code +4. Attach additional sheets as necessary.
- □ Vendor compensation may not exceed 30% of the ideal net from each pull-tab game.

SIGNATURES & PAYMENT

☐ The primary member in charge should sign the application, print his or her name and then date the application.

MANAGER OF GAMING

☐ Enter the manager's first name, middle initial, last name, social security number, and daytime phone number.

An applicant for a permit shall accomplish the notice required under AS 05.15.030 (a) by submitting one copy of the application to each city or borough nearest to the location in which the applicant seeks to conduct an activity permitted under AS 05.15.